PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10002985

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			20				Г	RATE	FEE)]	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	ŀ	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		* 0		ſ	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		* 0			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ	+140=		OR	+280=		
* If the difference in column 1 is less than				ro, ente	r "0" in c	olumn 2	L	TOTAL	37000	Ø R	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)	(Colur			(Column 3)	_	SMALL	ENTITY	OR .	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=		
	Independent	*	Minus	***	T OL A134	-		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=		
							L	TOTAL		OR	TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	 	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		!	+140=		OR	+280=		
							L	TOTAL			TOTAL		
								ADDIT. FEE		10	addit. Fee		
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	MEST MBER OUSLY FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=-]	X42=			X84=		
	FIRST PRESE	ULTIPLE DEPENDEN		T CLAIM		 	N74-		OR				
								+140=		OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Pre√iously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Pre√iously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nher Previously P	aid For" (Total o	r Indepen	dent) is the	e highest numbe	er fou	nd in the apt	propriate box	k in col	lumn 1.		